



ATLAS Rehab & Wellness Center
1325 Churchill-Hubbard Road
Youngstown, OH 44505
Phone: 330.759.5904
Fax: 330.759.8709

NOTICE OF HIPAA PRIVACY PRACTICES

THE FOLLOWING DESCRIBES HOW YOU CAN ACCESS INFORMATION ON HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED.

TREATMENT: Your medical information may be used by staff members and other health care professionals to assure proper evaluation, treatment and diagnosing of any medical condition. Example: Your therapy evaluation may be used by your physician or chiropractor to assist in further assessment of your condition.

PAYMENT: Your medical information may be used to assist in seeking payment for services rendered. Example: Your medical insurance may want information regarding your progress, number of visits attended and your diagnosis in order to continue coverage of services.

LAW ENFORCEMENT: Your medical information may be used by law enforcement personnel without your permission to assist with inspections, investigations and any other legal action.

HEALTHCARE OPERATIONS: Your medical information may be used to assist in supporting and improving the operations of Atlas. Example: Atlas may use information regarding your treatment while at the clinic for budget and financial reporting.

PUBLIC HEALTH REPORTING: Your medical information may be used to by public health agencies as necessary by law. Example: It is required that we, as a health care provider, report certain communicable diseases to the Ohio State Department of Health.

APPOINTMENT REMINDERS AND TREATMENT INFORMATION: Atlas may use your information to remind you of future appointments and communicating updates in medical treatment that may be of interest to you. Atlas may also use your information to send you information regarding topics that may be of interest to you.

****ANY OTHER DISCLOSURE OF YOUR MEDICAL RECORDS REQUIRES YOUR WRITTEN AUTHORIZATION. MEDICAL INFORMATION WILL BE RELEASED IN CASES OTHER THAN ABOVE ONLY WHEN A WRITTEN CONSENT IS GIVEN TO ATLAS. **** You may change your mind after authorizing disclosure of your information by filing a written revocation of authorization, however the revocation will not undo any information use or disclosure that occurred prior to filing the revocation.

YOUR RIGHTS INCLUDE THE RIGHT TO:

- Request the restriction of your medical information
- Receive confidential communications concerning your treatment
- Inspect and copy your records
- Amend corrections to your medical record
- Receive an account/printed copy on who and how your information was disclosed

Atlas is required by law to protect your privacy regarding your medical information and provide you with notice of these policies. Atlas reserves the right to modify these policies as permitted by law. Any amendment made to the policy will continue to protect your medical information available at Atlas.

You may file a complaint in writing if you feel your privacy rights have been violated to:
Outpatient Administrator * 701 Sharon Road * Beaver, PA 15009* Fax (724)775-8669